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GREENBLUM & BERNSTEIN, P.L.C. 1950 ROLAND CLARKE PLACE RESTON, VA 20191

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APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/702 189 11/05/2003 William G. Dennis P36775 A01 7534 TITLE OF INVENTION: OCCLUSION CLIP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	3733 \$1,510	\$300	\$0	<del>\$1055</del> \$1,810	05/19/2010	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	1			
NGUYEN,	TUAN VAN	3731	606-157000	=			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SE2) attached.</li> <li>Tee Address" indication for "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm thaving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	1 Greenblum & Bernstein, P.L.C. 2	

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BEVERLY, MA MICROLINE SURGICAL, INC.

ease check the appropriate assignee category or categories (will not be printed on the patent):	☐ Individual ☐ Corporation or other private group entity ☐	Governme

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Authorized Signature Will. Boshred	William S. Boshnick	Date 3/19/2010	
Typed or printed name BRUCE H. BERNSTEIN	Reg. No. 44,550	Registration No. 29,027	

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10702,189 11/05/2003 William G. Dennis P36775.A01 7534 TITLE OF INVENTION: OCCLUSION CLIP						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	3733 \$1,510	\$300	\$0	<del>91055</del> \$1,	810 05/19/2010
EXAMI	INER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, T		3731	606-157000			
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(A) NAME OF ASSIC	NEE		(B) RESIDENCE: (CI	TY and STATE OR C	OUNTRY)	
MICROLINE SURG	ICAL, INC.		BEVERLY, MA			
Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent):	☐ Individual 🚨 Co	rporation or other private gr	oup entity Government
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NOTE: The Issue Fee and	Publication Fee (if requested Sta	uired) will not be accepted	from anyone other the	n the applicant; a regi	stered attorney or agent; or t	he assignee or other party in
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